

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	I					
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TOTAL IND.						
TOTAL DEP.						
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	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL CLAIMS												